

Washington, D.C.

Developing and Implementing a Strategic Plan for Identifying and Eliminating Tobacco-Related Health Disparities

Public Health Problem

Washington state Behavioral Risk Factor Surveillance Study (BRFSS) data reveal that cigarette smoking rates in various racial/ethnic populations are significantly higher than the state average. Estimates are also higher among low-socioeconomic populations, in rural communities, and for certain other groups. These groups have poor access to health care and other resources.

Taking Action

Using state and CDC funding, the Washington State Department of Health convened an advisory committee called the Cross Cultural Workgroup on Tobacco. This committee comprises community-based organizations from diverse communities who came together to develop a statewide strategic plan to identify and address tobacco-related health disparities. The planning was supported through technical assistance and training from OSH. The plan has resulted in the implementation of several significant activities.

Basic and advanced cultural competency training is now required of all tobacco prevention and control program community contractors in 2005, and "cultural competency" has been added as a guiding principle for the overall tobacco prevention and control program to ensure that programs address the needs of priority communities. Funds totaling \$1 million were allocated to five minority communities, including African- American, Asian- American/Pacific Islander, Hispanic/Latino, urban Indian, and lesbian/gay/bisexual/transgender communities. The funds will enable these communities to plan, implement, and evaluate culturally appropriate activities for each community.

Training has been provided to Washington's Medical Support Services and Women Infants and Children staff statewide in support of an intervention to increase cessation among poor pregnant women. Funding has been increased to support 27 of 29 federally recognized tribes across the state to assess tribal capacity and needs and to develop tribe-specific media and policy materials, training, and technical assistance. And, for the first time, state 2003 BRFSS completed oversampling of adult respondents in African-American, Asian-American/Pacific Islander, Hispanic/Latino, and American Indian/Alaska Native communities and added a question related to sexual orientation.

Implications and Impact

Funding and support given to the tribes and the five community-based contractors appears to be greatly increasing the capacity of these communities to plan and address tobacco as a priority issue. Funding and support is also generating new partnerships between these communities and local public health and school-based efforts.

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